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**DIVISION OF PUBLIC HEALTH**

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To: Local Health Officers  
Infection Control Professionals  
Wisconsin Influenza Sentinel Clinicians

From: Thomas Haupt, M.S.

RE: Surveillance for avian influenza among Hmong refugees

Beginning in June, an estimated 3000 Hmong refugees from Thailand will begin to arrive in Wisconsin. Avian influenza has been circulating among poultry flocks in Thailand since the beginning of the year. So far this year 12 human cases of avian influenza, including eight fatalities have been identified in Thailand.

The type A (H5N1) strain of influenza identified in Thailand, is a new (novel) virus that has not previously been known to infect humans. Such viruses have been associated with the emergence of an influenza pandemic that could quickly spread throughout the world.

In February 2004, in response to the identification of human cases of avian influenza in Thailand and Southeast Asia, the Wisconsin Division of Public Health initiated "Enhanced Surveillance for Influenza." The Wisconsin Division of Public and the Wisconsin State Laboratory of Hygiene (WSLH) are requesting that health care providers collect specimens (throat or nasopharyngeal) from any patient that meets the following criteria:

- The patient presents with signs and symptoms characteristic of influenza (fever, cough or sore throat, myalgia).
- The patient has returned from Thailand, Vietnam, South Korea or Japan within 10 days prior to the onset of signs and symptoms.

Specimens from ill patients that have returned from other southeastern Asian countries who meet the above criteria will also be considered for testing. The specimens will be tested at the WSLH at no charge.

**Please be aware that we are not recommending routine throat swabs be collected from each Hmong refugee unless they meet the above criteria.**

Attached is the WSLH "Enhanced Influenza Monitoring" laboratory requisition form. This form must be completed and submitted with specimens sent to the WSLH. Please notify the Division of Public Health at (608) 266-5326, before specimens are submitted.

**YOU MUST CONTACT THE WISCONSIN DIVISION OF PUBLIC HEALTH OR THE WISCONSIN STATE LABORATORY OF HYGIENE PRIOR TO SPECIMEN SUBMISSION FOR FEE EXEMPT TRANSPORT & TESTING.**

**FORM MUST BE COMPLETED, INCLUDING PATIENT SYMPTOMS AND TRAVEL & VACCINATION HISTORY.**

Patient Information		Submitter Information	
Name (Last, First):		(WSLH Agency Number If Known)	
Address:		(Agency Name)	
City:	State: Zip:	(Agency Address)	
Date of Birth:	Gender: M F	(City, State, Zip Code)	
Occupation:		(Telephone Number)	
Your Patient ID Number (optional):		Health Care Provider Full Name:	
Your Specimen ID Number (optional):		Study: VI FLU SURV	Bill To: (WSLH Account # 74201)
Specimen Information			
Date Collected:	Specimen Type: <input type="checkbox"/> Other _____ <input type="checkbox"/> Throat Swab <input type="checkbox"/> Nasopharynx Swab <input type="checkbox"/> Combined Throat/Nasopharynx Swab		
Symptoms			
<b>Date of Onset:</b>			
General	Respiratory	Digestive	
<input type="checkbox"/> Anorexia	<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Diarrhea	
<input type="checkbox"/> Arthralgia	<input type="checkbox"/> Ear Pain	<input type="checkbox"/> Nausea / Vomiting	
<input type="checkbox"/> Fever	<input type="checkbox"/> Nasal Congestion	<b>CNS</b>	
<input type="checkbox"/> Headache	<input type="checkbox"/> Nasal Discharge	<input type="checkbox"/> Encephalopathy	
<input type="checkbox"/> Lymphadenopathy	<input type="checkbox"/> Pharyngitis	<input type="checkbox"/> Delirium	
<input type="checkbox"/> Malaise	<input type="checkbox"/> Hoarseness	<input type="checkbox"/> Meningismus	
<input type="checkbox"/> Myalgia	<input type="checkbox"/> Cough ( <i>circle one</i> ) <u>productive / nonproductive / barking</u>		
<input type="checkbox"/> Photophobia	<input type="checkbox"/> Crackles		
<input type="checkbox"/> Rash	<input type="checkbox"/> Dyspnea		
<input type="checkbox"/> Mouth Lesions	<input type="checkbox"/> Wheeze		
	<input type="checkbox"/> Pneumonia		
<b>Vaccination History (Influenza):</b> Was patient vaccinated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, Date Vaccinated:     /     /			
<b>Travel History (Places and dates):</b>			
<b>Was patient hospitalized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If Yes, where: _____			
WISCONSIN STATE LABORATORY OF HYGIENE USE ONLY			